

Officeholder, Candidate, and Controlled Committee  
Campaign Statement — Long Form  
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE - 90 FORM

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement  
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)  
☐ Special Odd-Year Campaign Report  
☐ Semi-annual Statement  
☒ Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period from 10/23/94 through 12/31/94	Date Stamp RECEIVED JAN 30 AM 9:22 JIMMY M. FERNANDEZ CITY CLERK	CALIFORNIA 994 FORM -90
Date of election if applicable: (Month, Day, Year) 11/8/94	Page _____ of _____ For Official Use Only	

Officeholder, Candidate, and Controlled Committee  
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

BRIAN C. OCHOA  
LODI CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS  
(NO. AND STREET)  
1070 YOLONI DR  
LODI, CA 95240

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
LODI CA 95240 209 333 1308

COMMITTEE NAME I.D. NUMBER

Comm To Elect BRIAN C. OCHOA

COMMITTEE ADDRESS  
(NO. AND STREET)  
1040 W. KETTLEMAN LN  
LODI, CA 95240

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
LODI CA 95240 209 333 1308

NAME OF TREASURER  
SUE LINKEMYER

PERMANENT ADDRESS OF THE TREASURER  
(NO. AND STREET)  
613 CALAVERAS ST  
LODI, CA 95240

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
LODI CA 95240 209 368 0995

II Other Committees Not Included in this Statement: List any other  
committees not included in this consolidated statement that are controlled by you and any  
committees of which you have knowledge that are primarily formed to receive contributions  
or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/30/95 At LODI, CA  
DATE CITY AND STATE

By [Signature] SUE LINKEMYER  
SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/30/95 At LODI, CA  
DATE CITY AND STATE

By [Signature] BRIAN C. OCHOA  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

# Campaign Disclosure Statement Summary Page

Write or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/23/94</u> through <u>12/31/94</u>	CALIFORNIA 1994 FORM <b>490</b>
Page _____ of _____	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

BRIAN C. BOHDA

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ <u>1215</u>	\$ <u>3262<sup>76</sup></u>	\$ <u>4477<sup>76</sup></u>
2. Loans Received	Schedule B, Line 7	\$ <u>0</u>	\$ <u>2300<sup>00</sup></u>	\$ <u>2300<sup>00</sup></u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>1215</u>	\$ <u>5562<sup>76</sup></u>	\$ <u>6777<sup>76</sup></u>
4. Non-monetary Contributions	Schedule C, Line 3	\$ <u>0</u>	\$ <u>110<sup>86</sup></u>	\$ <u>110<sup>86</sup></u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ <u>1215</u>	\$ <u>5673<sup>62</sup></u>	\$ <u>6888<sup>62</sup></u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ <u>1215</u>	\$ <u>5673<sup>62</sup></u>	\$ <u>6888<sup>62</sup></u>

## Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>1266</u>	\$ <u>5511<sup>32</sup></u>	\$ <u>6777<sup>32</sup></u>
9. Loans Made	Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ <u>1266</u>	\$ <u>5511<sup>32</sup></u>	\$ <u>6777<sup>32</sup></u>
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	\$ <u>200</u>	\$ <u>0</u>	\$ <u>200<sup>00</sup></u>
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ <u>1466</u>	\$ <u>5511<sup>32</sup></u>	\$ <u>6977<sup>32</sup></u>

## Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>5744</u>
14. Cash Receipts	Column A, Line 3 above	\$ <u>1215<sup>00</sup></u>
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments	Column A, Line 10 above	\$ <u>1266</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>0</u>

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD  
NOT BE A NEGATIVE AMOUNT

\* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

## Summary for Candidates in Both June and November Elections

21. Contributions Received	1/1 through 6/30	7/1 to Date
\$ _____		\$ <u>6888<sup>62</sup></u>
22. Expenditures Made		\$ <u>6977<sup>32</sup></u>

## Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See instructions on reverse	\$ _____
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ <u>2300<sup>00</sup></u>

**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/23/94</u> through <u>12/31/94</u>	CALIFORNIA 1994 FORM <b>490</b>
Page _____ of _____	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

BRIAN C. OCADA

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/31/94	FRANK C. ALEGRE 2000 EDGEWOOD DR Lodi, CA 95240	FRANK C. ALEGRE TRUCKING, INC	\$300 <sup>00</sup>	\$300 <sup>00</sup>	

SUBTOTAL \$ 300.00

**Monetary Contributions Summary**

- Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 300<sup>00</sup>
- Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ 915<sup>00</sup>
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 1215<sup>00</sup>

**Schedule B — Part III**  
**Annual Report of Outstanding Loans Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE B - Part III

Statement covers period		CALIFORNIA 1994 FORM <b>490</b>
from	10/23/94	
through	12/31/94	Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

BRIAN C. DODD

I.D. NUMBER

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
FRANK C. ALEGRE	8/30/94	\$ 2300 <sup>00</sup>	\$ 2300 <sup>00</sup>	
Attach additional information on appropriately labeled continuation sheets.			TOTAL \$ 2300 <sup>00</sup>	

NOTE: This total should be  
 the same amount as entered  
 on the Summary Page,  
 Column C, Line 2.

**Schedule E**  
**Payments and Contributions**  
**(Other Than Loans) Made**

or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE E

Statement covers period from <u>10/23/94</u> through <u>12/31/94</u>	CALIFORNIA 1994 FORM <b>490</b>
Page _____ of _____	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

BRIAN C OCHADA

**CODES FOR CLASSIFYING EXPENDITURES**

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |  |  |  |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING                                    | "G" - GENERAL OPERATIONS AND OVERHEAD                      |
| "I" - INDEPENDENT EXPENDITURES   | "N" - NEWSPAPER AND PERIODICAL ADVERTISING                     | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE   | "O" - OUTSIDE ADVERTISING                                      | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|  | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |  |
|  | "F" - FUNDRAISING EVENTS                                       |  |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR	DESCRIPTION OF PAYMENT
LODI NEWS SENTINEL P.O. Box 1360 LODI, CA 95240	N		
TOKAY PRINTING 5 W. ELM LODI, CA 95240	L		

005<sup>00</sup>

320<sup>00</sup>

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 1205<sup>00</sup>

**Payments and Contributions Made Summary**

- |   |                                   |
|---|-----------------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                    | \$ <u>1205<sup>00</sup></u>       |
| 2. Payments made this period of under \$100. (Do not itemize.)  | \$ <u>61<sup>00</sup></u>         |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)         | \$ _____                          |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)                   | \$ _____                          |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) | TOTAL \$ <u>1266<sup>00</sup></u> |

**Schedule F**  
**Accrued Expenses (Unpaid Bills)**

T or print in ink.  
Am. may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>10/23/94</u> through <u>12/31/94</u>		CALIFORNIA 1994 FORM <b>490</b>
Page _____ of _____		
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>BRIAN C. DOUGLAS</u>		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

**CODES FOR CLASSIFYING EXPENDITURES**

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |   |   |   |
|---|---|---|
| "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" -- BROADCAST ADVERTISING                                    | "G" -- GENERAL OPERATIONS AND OVERHEAD                      |
| "I" -- INDEPENDENT EXPENDITURES   | "N" -- NEWSPAPER AND PERIODICAL ADVERTISING                     | "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" -- LITERATURE   | "O" -- OUTSIDE ADVERTISING                                      | "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|   | "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |   |
|   | "F" -- FUNDRAISING EVENTS                                       |   |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.		
	CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT
VALLEY OUTDOOR ADVERTISING LODI, CA 95240	0		

\$200<sup>02</sup>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 200<sup>02</sup>

**Accrued Expenses Summary**

- |   |                                     |
|---|-------------------------------------|
| 1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.)   | \$ 200 <sup>02</sup>                |
| 2. Accrued expenses this period of under \$100. (Do not itemize.)   | \$ 0                                |
| 3. Total accrued expenses incurred this period. (Add Lines 1 and 2.)  | INCURRED TOTAL \$ 200 <sup>02</sup> |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.)                     | PAID TOTAL \$ 0                     |
| 5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) | NET \$ +200 <sup>02</sup>           |

May be a negative number.